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ORATION

DELIVERED BEFORE THE

PHYSICO-MEDICAL SOCIETY

OF

NEW ORLEANS,

AT THEIR ANNIVERSARY MEETING, HELD DECEMBER, 1854,

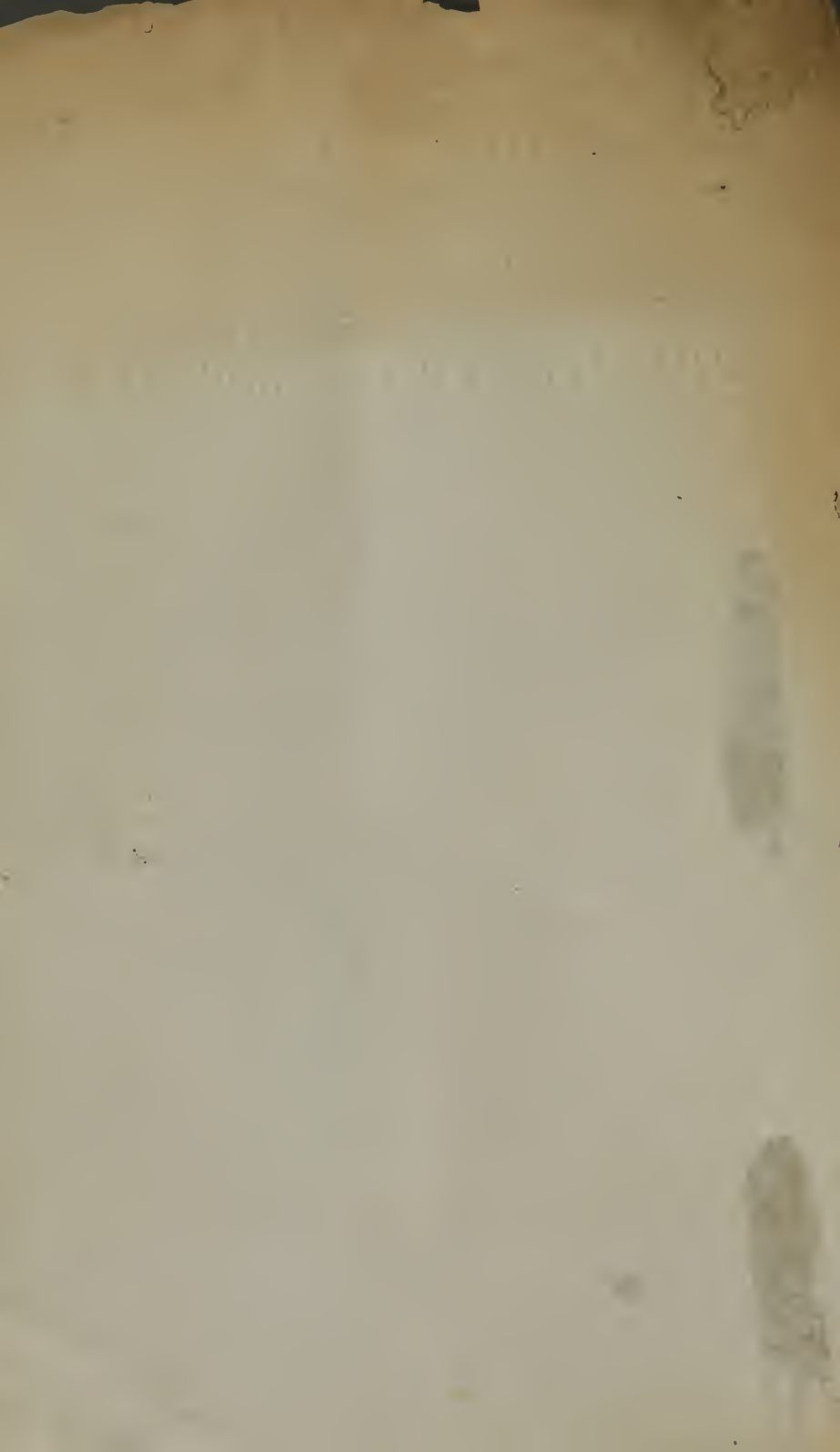
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NEW ORLEANS:

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Gentlemen :—It is a grand design of union, of progress, and of humanity, which consecrates, by a public ceremony, the anniversary of the foundation of the Physico-Medical Society of New Orleans. In this solemnity, one of its members is charged with the duty of developing his ideas upon some general or special point of our science, at the same time that it is permitted him to testify his regrets at the premature removal of some of our confrères, and of throwing some flowers upon the tomb of those whom death has un pityingly taken away.

Last year, when the Society did me the honor to select me for the orator of to-day, I had hoped that I should be spared the performance of this sad and mournful task. My wishes have been but half fulfilled. It is true that this Society has not to deplore the loss of any of its active members, although they were to be found faithful at their post during the ravages of the cruel epidemic which has once again visited our city. But do I not faithfully express the sentiments of this entire Society, when I give utterance to the profound regret felt for the premature loss of the three noble and unfortunate medical students who, so to speak, died upon the field of battle, their arms in their hands?

Young, Jarreau and Mickie were born, the first in Arkansas, the second in Louisiana, and the last in the State of Mississippi. Prompted by a desire for knowledge, they came to New Orleans, where, at a brilliant concour, held in April last, they showed themselves worthy of being admitted resident students of the Charity Hospital. There they gave themselves up to the study of the different branches of medicine, with zeal and assiduity, and showed for their art a love so passionate, that it could be already foreseen that, one day, these three students would make good physicians and useful citizens. Under

these circumstances, the yellow fever made its appearance in this city, in July last. Young, Jarreau and Mickie, far from fearing the approach of this new and unknown enemy, exerted that ardor in seeking and finding it out, which others too often exhibit in flying from it. They, with praiseworthy energy, visited each new case of yellow fever which was admitted to the Hospital; they examined it, studied it, compared it with the other cases which they had already seen, and let no occasion escape for studying the disease in all its forms, in all its details, in all its symptoms, in all its horror, in all its dangers, thus giving the proof that the courage of the warrior who, in the excitement of the combat confronts a glorious death, is totally different, and deserving far less praise, than that civic courage which prompts an exposure to danger from a sentiment of duty only, and to a death without glory, of which the imagination doubles the horror.

In spite of the advice of their friends, who pressed them to greater precautions and less exposures, in spite of the repeated supplications of their anxious relatives, who conjured them to come and seek security and happiness in their midst, and to enjoy, in their woods, the benefits of life and the too fleeting pleasures of youth, these three intrepid young men remained unmoved, and continued to march upon the perilous route for which they had enlisted. Their turn arrived; the scourge struck them. They were enabled to oppose but a feeble resistance, debilitated and exhausted as they were by incessant labor and by a service prolonged through the day and often extended to the night.

In spite of the devoted and assiduous cares of the accomplished physicians who had charge of them, in spite of the fraternal attentions with which their fellow students of the Hospital surrounded them, a few days sufficed for the scourge to accomplish its work of destruction. Young, Jarreau and Mickie were fated to an early tomb. The

religious respect and the mournful silence of those who accompanied them to their last resting place, were witnesses of the esteem and affection which they had known how to inspire in all those who were thrown in connection with them. Let us hope that the profound and painful wound inflicted upon the hearts of their inconsolable families may be, if not entirely cicatrized, at least soothed and assuaged by the thought that these three much regretted young men, like three soldiers of the faith, have known how, at the call of duty, to stand firm at their post and there receive their death-blow.

Having paid this slight tribute of regret and admiration that these three valiant and unfortunate sons of the South have so justly merited by their fidelity to their duty, and their courage in encountering death, permit me, gentlemen, to present you with some general considerations upon the progressive state of surgery since the commencement of this century; upon the part which American surgery has taken in this movement of progress and amelioration; upon the causes which prevent the physicians of the United States in marching *pari passu* with the physicians of the Old Continent; in fine upon the means to be employed in removing the obstacles which others have created, and which we, ourselves, create to the successful and ascending march of our science.

Of the great and important operations of surgery which latterly have placed this portion of the art of healing upon the same level with the other branches of natural sciences, some were neglected, were hardly known and had not yet found a place in the classical works published in the beginning of this century. In this number it is necessary to comprise Rhinoplasty, Cheiloplasty, Blepharoplasty, Otoplasty, Bronchoplasty, Cauterization of the Urethra, Amputation of the Womb, Extirpation of the Ovary and of the Anus, and a certain number of Resections.

It may be said that the possibility of performing these operations and the happy results which have followed their practice, did not justify the neglect into which they had fallen, and had really rendered indispensable a review of the whole of operative medicine.

The others appertain to the surgeons of our day. They bear testimony to a spirit of progress and of investigation so ardent; their practice has been followed by results so happy, so fruitful and so numerous, that every one, in his joy and admiration, asks himself if modern surgery has not arrived at its columns of Hercules, or indeed if it is not of infinite perfectibility. In this category of operations, it is necessary to include the ligature of the Common Iliac and of the Brachio-cephalic; the complete extirpation of the Parotid gland; the Tenotomy, sub-cutaneous properly called; the Tenotomy of muscle with or without incision of the subjacent parts; the disarticulation of the inferior maxillary bone without lesion of the facial nerve; the treatment of strictures of the urethra by means of forced dilatation, according to the method of Mayor, of Lausanne, Switzerland; of graduated dilatation by Wakley's instruments, or of excentric incision from within outwards recommended, put in practice and generalized by Stafford; autoplasty *par glissement*, recently introduced by Jobert de Lambelle; in fine the application of immovable apparatus in the treatment of fractures adopted by Dr. Seutin.

Those operations which have for their object the reparation of accidental mutilations, or of frightful deformities from loss of substance, are certainly among the most brilliant conquests of surgery.

It is difficult to admit as exact the observation of DeHorn, who cites the example of a hand which was held on only by the tendon of the index and which Jung succeeded completely in re-uniting; and if it would be absurd to admit that Æsculapius re-united the head of a decapitated woman; or not to consider as a pleasantry the story which

Rabelais has given us of Epistemon who had his head cut off and which Panurge re-joined exactly for him, vein to vein, nerve to nerve, vertebra to vertebra, &c., the which Epistemon aforesaid was skillfully cured, except that his voice remained a little hoarse, and that he had a dry cough of which he could not be relieved, except by hard drinking; we ought at least to accept as certain the observation of Percy and Hoffman of an arm which, adhering only by the vessels and a portion of the biceps, the humerus and integuments being completely severed, was however preserved and perfectly cured. We, physicians, of New Orleans, ought to accept these extraordinary cases with less incredulity than our confrères of colder climates.

Each day, so to say, we are witnesses of frightful disorders for which the surgeons of Europe would not hesitate, one instant, to resort to amputation, and which, however, treated by the wise gifts of autoplasty are cured, and a complete restoration of the limb to its primitive functions follows. It is, in the application of autoplasty to the cure of deformities, either acquired or congenital, of the roof of the palate, of the face, and of the neck, in its artistic part, so to speak, that this surgical conquest demonstrates itself in all its richness, and in all its utility. Do we not see in our saloons young ladies with an elegant port, with their heads gracefully poised upon their shoulders, who had a congenital wry neck and for whom such an infirmity would have been a constant cause of grief and disappointment, had not the sub-cutaneous tenotomy come to their succor? How many persons do we encounter in the streets, who, had they not received the benefit of a surgical operation, would have presented to you, instead of a white linear cicatrix under the lobe of the nose, a frightful hiatus disclosing deformed gums, irregular and badly planted teeth and a palate fearfully divided in its entire extent?

American surgery marches in the front rank in company with Euro-

pean surgery in this department of our science. It is my profound conviction that autoplasty, better studied among us and applied upon a wider scale, will considerably diminish the number of operations which we to-day deem indispensable. The nature of our climate invites us to new attempts, and already one of our old colleagues, Dr. Dupierris, has invented an instrument for suture in palatoplasty, as ingenious as that which our fellow-citizen, Dr. Fahnstock, has invented for the resection of the tonsils. Already this mode of treatment has been successfully resorted to by some of our surgeons, and a great many more persons would be seen in our community with a wry neck, a crippled arm, twisted fingers or a cork leg, were it not that they had had the good sense to make an appeal to the skill and learning of the Nestor of the surgeons of our city, Professor Warren Stone.

Among the new acquisitions made by the surgeons of our day, I have mentioned the extirpation of the womb. This operation can only be considered as useful in cases of prolapsus of the uterus. That the fallen womb has been several times removed from the body without inducing the death of the woman, no one will doubt. Langenbeck practised this operation with success in 1813. The observations of Fœdéré, of Récamier, of Marjolin, of Delpech, and of Bellini, are reported with a care and details which do not permit the least hesitation. If the high reputation of these distinguished surgeons was not a certain gage for the authenticity of their observations, can the slightest doubt be entertained in regard to Dr. Galot, who forwarded the anatomico-pathological specimen to the Medical Academy at Paris, or to Dr. Marschall, of Strasbourg, who upon the death of a woman who had survived this operation for ten years, had an opportunity to prove upon the corpse the absence of the organ of gestation?

It is not the same with the extirpation of the uterus without dis-

placement. Twenty-three extirpations of this kind, authentic, indisputable, practiced in Europe, were all followed by death; two other attempts made some years ago in this country were followed by a result not less fatal. Are they not of a nature to cause this deadly operation to be abolished forever from practice?

While reflecting upon attempts so unfortunate, it is gratifying to find at the same time that there have been some new and valuable acquisitions in modern surgery; I wish to refer to the extirpation of tumors of the ovary and to some resections. It is in addition most satisfactory to me to be able to state that the first was attempted and happily performed by an American surgeon, and that the second has been pushed to its extreme limits by one of our colleagues, a member of this Society.

It was only in 1825, that Dr. Lizars called attention to the idea that Morand had advocated, that it was possible to extirpate the ovary. But already Drs. McDowell, Nathan and Alban Smith had long before practiced this operation in the United States, and had seen their attempts, in some cases, crowned with complete success. In fact it was in 1809, that Dr. McDowell removed from Mrs. Crawford an ovarian tumor, which weighed fifteen pounds. Thirty-five days after the performance of the operation, the patient had perfectly recovered. He has repeated the same operation four times since. One of those operated upon, was not able to withstand the results of the extirpation; the second remained uncured; with a third, the two ovaries were diseased, and were removed with full success; in fine, in 1816, McDowell happily removed from a negro-woman an ovarian tumor weighing six pounds. Later in 1821, four years before this operation had excited attention in Europe, the pure and simple extirpation of a diseased ovary, practiced by Dr. Smith, in the United States, was followed by no untoward accident.

If the physicians of our country are not able to claim priority in

resections, they do not the less deserve the credit of having practiced them in all their difficulties upon the bones which lay the deepest. In 1843, the two inferior thirds of the sternum and the extremity of the two corresponding ribs were resected in the surgical wards of the Charity Hospital, of New Orleans. The point of the heart immediately under the external fold of the pericardium could be touched with the finger, and the impulses of the heart could be counted by the eye. The patient perfectly recovered, he was still living in 1851, at which period his surgeon lost sight of him.

In 1852, the most extensive resection with which I am acquainted, that of the radius and the cubitus all entire, was practiced with complete success upon the arm, and the honor of this operation belongs to a member of this Society, Professor Wedderburn.

We have just stated the active part that American surgeons have taken in the revival which has taken place, since the beginning of this century, in those operations the possibility of which had been foreseen by the physicians of the last century, but which they had let fall in oblivion. But Surgery, far from having said its last word, saw a new era of progress and amelioration disclose itself. New methods were about to be invented and put in practice, the study better understood of the pathological anatomy of some organic lesions was about to induce methods of radical treatment for some affections, against which so far, only palliatives had been opposed; new operations which had always been considered impracticable, on account of the manual difficulties of the operation, or as useless on account of the vital importance of the organs to be submitted to the action of the bistoury—such operations were to be tried and performed with a success for which timidity dared not to hope. Let us examine if American surgeons have marched in the front rank with their *confrères* of the Old Continent, and let us try to determine

whether a part of the glory which so far has been bestowed only upon the latter, does not appertain to them.

The operation which most contributed to bring in relief the name of the illustrious Dupuytren, was the resection of a part of the jaw practiced in 1812; but does the glory of having first essayed with success this difficult and dangerous operation belong in fact to the French surgeon? No, gentlemen. The merit of this operation belongs to an American surgeon, namely, to Dr. W. H. Deaderick, of Rogersville, Tenn. To convince you of this, refer to the American Medical Recorder, vol. vi, p. 516, and you will see there recorded the case of a removal of a portion of the lower maxillary bone by W. H. Deaderick, M. D., of Rogersville, Tenn., practiced thirteen years before the publication of the observation, that is to say in 1810. Dr. Mott acknowledges the case in a note to his letter to Dr. Liston. Dr. Smith's "System of Operative Surgery" calls attention to it and justly claims it as the first operation of the kind ever performed, being two years before that of Dupuytren. M. South again ("Chelius' Surgery, vol. iii, p. 745,) says; "As will be presently seen, Deaderick was the first who, in 1810, cut away the side of the lower jaw;" and again, page 749: "Deaderick, of Rogersville, Tenn., is justly entitled to the merit of having first, in 1810, amputated a portion of the jaw of a child of fourteen years."

It is still to the Surgery of our country that the honor belongs of having first applied a ligature around the Brachio-cephalic trunk and the Common Iliac; parts considered up to that time beyond the reach of our instruments. It was Valentine Mott who, first in 1813, passed a ligature around the Brachio-cephalic artery. The manual operation was skillfully performed, but the result was unfortunate. Four other surgeons have since followed the example of their colleague of New York, but all with as little success.

It is not the same with the ligature of the Common Iliac. This operation was performed by Mott, in March, 1827, for the first time, and was followed by complete success. Crampton, of Dublin, next attempted, in 1828, to imitate his confrère of New York, but was not so fortunate.

In fine, in 1846, the same operation was performed, upon a negro boy, for an enormous aneurism of the External Iliac which filled the right half of the pelvic cavity, by Dr. C. A. Luzenberg of New Orleans. I assisted at the operation, and had again an opportunity of witnessing the rapid *coup d'œil*, the sure diagnosis, the unerring prognosis and the manual dexterity of this great surgeon, to whom there was wanting but a few years more and a more extended field of operation in order to have acquired a world-wide reputation. The patient operated upon was cured without accident.

The last operation which was tried for the first time in the United States, is the disarticulation of the inferior Maxillary bone without lesion of the facial nerve. It was performed in our city, in Condé street, on February 3d, 1847, in the presence of Drs. Luzenberg, Cheeseman of New York, Bradbury, and several others. The Spaniard who was the subject of the operation is still living. Any one can assure himself, with the extremity of his finger, that the glenoid cavity is completely empty, as also is equally evident the absence of paralysis of the corresponding half of the face.

Other operations not less important nor less difficult, are practiced daily in the United States with results far more satisfactory than those obtained in Europe. Thus the ligature of the Subclavian has been twice performed, with complete success, by Valentine Mott; three times in New Orleans, once without success; a second time under the clavicle, after the method of Dupuytren, a third time between the scaleni; which two latter were followed by complete success.

Further still, two extirpations of the parotid gland, practiced from 1841 to 1845, by C. A. Luzenberg, in the presence of numerous *confrères*, offer, in the description which has been given of them, so many details and so much precision, that it cannot be denied to them the right of admission into the category of operations in which the entire parotid gland was extirpated.

It is thus in fine that our Surgeons of the South, undertake without hesitation, operations which the great practitioners of the Old World have advised to have expunged from the pages of operative medicine, on account of the accidents and unfortunate results which they have seen from such attempts. I mean to refer to the treatment of strictures of the Urethra by excentric dilatation with Wakley's instruments, or by internal incision with the styletted-catheter of Stafford. In the United States, or at least in the Southern States, we have never to do with those purulent *dépôts*, with those infiltrations of urine, with those metastases, with those absorptions of matter, with those diffused phlegmons, with that gangrene, with that putrefaction of the hospitals, with those phlebitis, with those most to be dreaded erysipelatous affections, which too often complicate the operations performed in England, in France, in Italy, and in Germany.

In New Orleans, much less than elsewhere, are we exposed to encounter those dreadful complications. We owe it, without doubt, to the climate of our city, the influence of which upon the healing process of wounds does not yield to even that of Egypt. To compare the operative medicine of Europe with that of our Southern States, in reference to their definite results, would form a subject for a dissertation full of attraction and productive in useful results. I must content myself with pointing it out to-day to the generation of young physicians who are about to succeed us.

To crown this series of brilliant and useful discoveries in modern surgery, a final conquest has been added, the most sublime of all, and the most universally profitable. A few months were sufficient to extend its benefits to the remotest portions of the globe, like unto its two elder sisters; the application of steam to navigation and the transmission of thought with the rapidity of lightning by the telegraphic wire. All the glory of it should be assigned to an American physician. You have already understood, gentlemen, that I refer to etherization in order to abolish nervous sensibility during surgical operations by means of ether and chloroform, for one ounce of which the King of England would have given two of his largest men of war, when Sir Astley Cooper removed from him a greasy tumor of the scalp; and for which Louis XIV, surnamed the Great, would have paid the price of two provinces of his kingdom, the day that Dionis incised with the bistoury his fistula in ano.

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In the inventory which I have just made of all the improvements in the old operative medicine, and of all the new surgical conquests achieved by the physicians of our century, those of the old world as well as of America, I feel confident that I have furnished you, gentlemen, with ample proof that every American citizen, who has at heart the happiness and glory of his country, ought to be rejoiced and feel proud at the same time, of the large and important part which the surgery of the United States can justly lay claim to, as its own proper share. And farther, in this progressive march of the surgery of the world towards perfection in the old methods which had fallen in oblivion, or in the discovery of new methods, it is our American surgeons, who, like to our pioneers advancing into the regions of the far West, hold the head of the column and to them is reserved the glory of giving to the rest of the army, the proof that operations, up to then deemed impracticable, could sometimes be attempted with success. To them the honor is due of having enriched

the domain of modern surgery with acquisitions so important as the extirpation of the ovaries, the resection of the inferior maxillary, the ligature of the brachio-cephalic trunk and of the common iliac, the resection of the small intestine for several inches of its extent, the disarticulation of the ascending branch of the inferior maxillary bone without lesion of the facial nerve.

How happy should I feel, gentlemen, could I state that in the ascending march of the natural sciences since the commencement of this century, medicine properly so called had progressed *pari passu* with its sister American surgery. Among the causes of this much to be regretted delay, it is necessary to rank the cupidity of some physicians who look upon their profession as only a means of traffic; the want of *esprit de corps* and association among the members of the medical body; the too great facility with which our schools of medicine confer, each year, a diploma upon a crowd of young men who do not even learn enough to understand that they know nothing; the very decided aversion of our municipal administration to take in consideration the wise suggestions which, more than once, have been made to them by our medical body; the too fatal error of our young physicians who imagine that they carry in the little tin box which encloses their diploma, a mass of knowledge sufficient for their utmost need and believe themselves, from this, justifiable in dispensing with ever opening a book of medicine or surgery; in fine, the imbecility of a venal legislature from which a curer of cancers without the bistoury, the greatest imposter that has ever visited Louisiana, has been enabled to obtain the repeal of the wise law, which, controlling the practice of medicine in our State, and requiring capacity on the part of the physicians practicing the art of curing, gave to society all the guarantees needful to preserve them from empiricism.

The discussion of these different topics would carry me far beyond the limits which the orator of this day ought to ascribe to himself. Let it be

permitted me only to address a few words to the rising generation of young physicians who, full of love and ardor for their art, full of bright promises for their future, are to succeed us.

“Our art, says Hippocrates, one day was born of philanthropy; its end is always to do good.” Never imitate that physician of our city, who, however meritorious otherwise, having arrived at the miserable lodging of one of his compatriots, sick of the yellow fever, seized his gold watch which lay upon the sick man’s pillow and bore it away in security for the future payment of his fee. Recall to memory the flight of Galenus, beyond the walls of Rome, when ravaged by the plague, because that the fault of this great man has been redeemed by many acts of courageous devotion on the part of the physicians of all ages; in like manner recall the infamous act of this sordid *confrère*, but only in order to put more ardor in your works of charity. Leave the public hatred to pursue this *miserable*. Aspire your selves to be enabled to say with Boerhaave: “My best patients are the poor, for God is charged with paying me for them.” Think of the epitaph which they read in England, on the tomb of Dr Fothergill, more beautiful in its simplicity than the most bombastic titles. “Here lies Dr. Fothergill, who, during his life expended two hundred thousand guineas for the relief of the unfortunate.”

It does not suffice that the physician puts in practice charity, all the precepts of wisdom, the contempt of money, moderation, industry, probity, affability, gravity, the just appreciation of the things of life, the relinquishment of all superstitious fears, respect for the divinity to whom medicine without ceasing draws us near; it is needful still further that he be convinced that science is the first duty of the physician; that ignorance when it implicates the life of a fellow being, is a crime, and that, in order to be a good physician, it is necessary that he should divide every moment of his time between study and practice.

"In order to become an excellent physician, says Hippocrates, it does not suffice one to give himself up, from his youth, to the study of medicine, to labor at this science with ardor during some years and then relaxing for the purpose of devoting his time exclusively to practice; but it is necessary to devote his entire life to study and to practice and to abstain from all occupations foreign to his profession; for if one is not deeply imbued with a love for this labor, all natural means, all his faculties fail, become superfluous and the edifice remains imperfect or decays away. It is necessary that the passion for acquiring information should be, at the same time, ardent, sustained, and of long duration; there is needed a perseverance superior to all obstacles and to nourish it, it is necessary to be animated with a species of avidity for knowledge; in fine with an unextinguishable thirst for literary glory."

Farther yet, it is necessary that the physician should march onward in the path of duty without occupying himself with disappointments which he will at times procure to clients who relied upon a culpable complaisance on his part. He should rival Cæsar's wife, who so far from being guilty, was beyond suspicion or reproach. In fine, he should be, in the widest signification of the expression, an honest man.

It is in following these precepts, gentlemen, that our science will be rendered back to its first dignity, to its *éclat*, to all its consideration, that the medical body of New Orleans will show itself worthy of the divine origin which antiquity was pleased to confer upon it and that you will merit the application of these beautiful words of the Roman orator:

"Homines ad deos nullâ re propriûs accedunt, quam salutem hominibus dando."

It is in preserving the life of a fellow creature, that man draws nearest to his God.

OVARiotomy SUCCESSFULLY PERFORMED.

BY DR. A. MERCIER,

SURGEON, CIRCUS STREET HOSPITAL, NEW ORLEANS.

On Sunday, December 17th, 1854, Dr. Mercier, assisted by Dr. Cantrelle, the attending physician, and by Drs. Weatherly, Wetzel, and myself, performed the operation of Ovariotomy upon Barbara Schaff, a German woman, an eight years' resident of New Orleans. The subject was twenty-eight years of age, and has had four children—the first, ten, the last, three years since. For the last two years she has been suffering from Ascites, probably dependent upon Ovaritis. One year ago, a swelling was observed in the right iliac region, and her menstruation ceased at that period. In June last she was tapped, and six gallons of a white, thick, albuminous fluid were drawn off. At this time, the swelling, which had been observed six months before, was found to have largely increased. It extended from the symphysis pubis to about two inches from the edge of the lower ribs. Palpation of the thin and flabby walls of the abdomen, which seemed to indicate precisely the location of a head, and still more distinctly of ribs for this tumor, conjoined with the fact that there had been a total absence of pain and of the menses since the first appearance of the swelling, suggested to all who examined her then, as afterwards, the possibility of this being a case of extra-uterine pregnancy. The diagnosis evidently lay between this possibility and the greater probability, in consequence of its far greater frequency and the absence of positive testimony, of an Ovarian tumor. Whether the one or the other, Dr. Mercier advised its removal at once. His advice was not acted upon.

The effusion rapidly re-accumulated, and she was tapped six times between June and December 17th, and each time from five to six gallons

of liquid were drawn off. The total amount was about thirty-five gallons during the six months.

Preparatory to the extraction of the tumor, which she had finally determined to have removed, though life should prove the forfeit, she was tapped, on the 16th December. Her condition for the operation was favorable in every respect, except that she was anæmic and debilitated. Delay was calculated rather to increase than decrease this contra-indication. It was therefore determined to operate at once.

At five o'clock, P. M., on the 17th, she was subjected to the influence of chloroform. An incision, nine inches in length, was made over the tumor, extending from the lower ribs to the external edge of the rectus abdominalis. Two small muscular arteries were tied during the course of the incision, and but little blood was lost, either then or subsequently. With some difficulty the adhesions which bound the tumor to the abdominal parietes, the liver, the iliac fossa, and to the omentum, were torn apart with the hand, the intestines, &c., being freely handled for this purpose. Near the pedicle of the tumor the adhesions were so strong for more than an inch in extent that the bistoury had to be resorted to. The tumor presented the appearance externally of an enlarged ovary, and such was its size that, in order to draw it out of the abdominal cavity, several deep incisions had first to be made into it, and a large portion of its fluid contents to be evacuated. A strong thick twine was then tied as forcibly as possible around the pedicle of the tumor, and it was excised about half an inch above the ligature. The internal parts were freely sponged, and the lips of the wound brought together with five sutures, which included all the parts incised—the peritoneum, muscles and integument. The lips of the wound were further approximated with adhesive straps, and covered simply with lint. Openings were left, sufficiently large to admit a ready egress to any fluid contents of the abdomen.

The tumor, when extracted, measured nine inches in length, and six

in diameter. Its weight could not have been less than six pounds. It was of a fibro-cartilaginous character, and composed of a mass of small conglomerated cysts of various sizes, containing a fluid of the color and consistency of glycerine.

The patient was enjoined to lay inclined as much as possible on the right side, a stimulant was administered, and a mixture of *Tr. Arnicae* and *Syr. Morph.* prescribed. Nausea and vomiting were excited by the mixture, and no rest was obtained during the first night.

The following day her condition was decidedly unfavorable. Her pulse was so weak and rapid that it could not be counted, and she complained of much pain in the left iliac region. The mixture was laid aside and beef tea administered. The second night was also passed restlessly, and the pain had increased.

On the third day an enema was administered, which was followed by an evacuation affording immediate relief to the pain; since which time there have been no symptoms of peritonitis. *Tr. of Arnicae* and morphine were again administered, and a tablespoonful of beef tea every hour.

On the third night, the patient for the first time enjoyed a sound and refreshing sleep; and the fourth day found her condition much improved in every particular. Since this time she has not presented a single untoward symptom, and each day has found her better than the previous one, under the simple treatment of a nourishing diet.

By the seventh day, the muscular portions of the wound had united, except opposite to the sutures. On the thirteenth day, the ligature came away, and indicated by its appearance that, with a little force, it might have been removed without danger several days before. From this period the flow of serum through the wound, which at first had been considerable, has rapidly decreased.

At the present time, January 3d, 1855, seventeen days after the operation, the patient may fairly be considered to have recovered from the

injurious effects of the operation. Her pulse has improved much in strength and regularity, and diminished in frequency to about ninety in a minute; her appetite is good; her evacuations, both *faecal* and urinary, are natural and regular; her rest is unbroken, and her countenance is a picture of gratitude and cheerfulness. The wound has almost entirely healed, and she is sitting up.

Ovariectomy was first performed in France, in 1776, and from that day up to the present time it, as everything else medical, has had its opponents and its advocates. The practicability of the operation long since ceased to be problematical. Four years is the period assigned as the limit within which ovarian tumors naturally result in death; and statistics of this operation show a mortality of about one in three. An analysis of eighty-one operations for this disease, gives the following results: In fifteen cases extirpation was impracticable, in consequence of adhesions; in five cases there was no tumor; and in six the tumors were not ovarian. Death was the result of the operation in six cases of the fifteen in which the tumor was not extracted. Of the eighty-one cases, only sixty-one tumors were extracted, of which six were not, and fifty-five were ovarian tumors. Of these sixty-one cases, thirty-five recovered, and twenty-six died. The result in the entire eighty-one cases was thirty-two deaths and forty-nine recoveries. More favorable statistics than these can be found. The same question as to the propriety of operating for this disease arises as for some other diseases. On the one hand is certain death within a limited period, with more or less suffering in the interval; on the other, speedy death is probable, but a prolongation of life still more probable. The decision may properly be left to the discretion of the patient, without necessitating surgeons to resort to a long ethical discussion.

Dr. Mercier is the first surgeon who has performed this operation in New Orleans, and by it he has certainly not detracted from his reputa-

tion as a prudent, dexterous, and most skillful operator. He has justly merited renewed strength in the position he has long occupied, as, if not the first, at least, not the second surgeon of New Orleans. "By their fruits ye shall know them."

STANFORD CHAILLE,

Resident Physician Circus street Hospital.

P. S.—On January 24th, called on patient, and found her engaged in her household duties.

S. C.

Dr. Stephen Buckner

Baltimore

May 6th